

MEMORANDUM OF LIABILITY INSURANCE						Current as of: June 30, 2016	
PRODUCER MARSH USA INC 540 W. MADISON CHICAGO, ILLINOIS 60661 UNITED STATES OF AMERICA			THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY TO AUTHORIZED VIEWERS FOR THEIR INTERNAL USE ONLY AND CONFERS NO RIGHTS UPON ANY VIEWER OF THIS MEMORANDUM OTHER THAN THOSE PROVIDED FOR IN THE POLICY. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED BELOW. THIS MEMORANDUM MAY ONLY BE COPIED, PRINTED AND DISTRIBUTED WITHIN AN AUTHORIZED VIEWER AND MAY ONLY BE USED AND VIEWED BY AN AUTHORIZED VIEWER FOR ITS INTERNAL USE. ANY OTHER USE, DUPLICATION OR DISTRIBUTION OF THIS MEMORANDUM WITHOUT PRIOR WRITTEN CONSENT IS PROHIBITED.				
INSURED WALGREEN CO. AND SUBSIDIARIES 300 WILMOT RD., MS #3108 DEERFIELD, ILLINOIS 60015-5223 UNITED STATES OF AMERICA			COMPANIES AFFORDING COVERAGE		NAIC #		
			COMPANY A	ZURICH AMERICAN INSURANCE COMPANY	16535		
			COMPANY B	XL INSURANCE AMERICA, INC.	24554		
			COMPANY C	AMERICAN ZURICH INSURANCE COMPANY	40142		
			COMPANY D	SELF INSURANCE			
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS		
					LIMITS IN USD UNLESS OTHERWISE INDICATED		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Additional Insured <input checked="" type="checkbox"/> Per Policy <input checked="" type="checkbox"/> Blanket Contractual Liability <input checked="" type="checkbox"/> Liquor Liability	GLO 9310091 13 GLO 9310184 13 (Puerto Rico)	7/1/2016 7/1/2016	7/1/2017 7/1/2017	GENERAL AGGREGATE	\$ 5,000,000	
					PERSONAL & ADV INJURY	\$ 4,000,000	
					EACH OCCURRENCE	\$ 4,000,000	
					FIRE DAMAGE (Any One Fire)	\$ 500,000	
					MED EXP (Any One Person)	\$ 0	
						\$	
						\$	
						\$	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BAP 9310096 13 BAP 9310183 13 (Puerto Rico)	7/1/2016 7/1/2016	7/1/2017 7/1/2017	COMBINED SINGLE LIMIT	\$ 5,000,000	
					BODILY INJURY (Per Person)	\$	
					BODILY INJURY (Per Accident)	\$	
					PROPERTY DAMAGE	\$	
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	US00075933LI16A	7/1/2016	7/1/2017	EACH OCCURRENCE	\$ 5,000,000	
					AGGREGATE	\$ 5,000,000	
						\$	
C A A A A	WORKERS COMPENSATION/EMPLOYERS LIABILITY PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL. <input type="checkbox"/> EXCL.	WC 9310092-13(AOS) WC 9310094-13 (WI) EWS 9310093-13 (IL & LA) EWS 9310447-13 (AZ) EWS 9310448-13(MA &TN)	7/1/2016	7/1/2017	WORKERS COMPENSATION LIMITS	STATUTORY	
					EL EACH ACCIDENT	\$ 2,000,000	
					EL DISEASE - POLICY LIMIT	\$ 2,000,000	
					EL DISEASE - EACH EMPLOYEE	\$ 2,000,000	
D	PRODUCT LIABILITY	Self-Insured	7/1/2016	7/1/2017	EACH OCCURRENCE	\$ 2,000,000	
					AGGREGATE	\$ 2,000,000	
ADDITIONAL INFORMATION OWNERS/LESSORS/LANDLORDS AND THEIR RESPECTIVE AGENTS, LENDERS, MORTGAGEES, GROUND LESSORS, VENDORS, CUSTOMERS, CLIENTS, AND ANY OTHER PARTIES ARE AUTOMATICALLY ADDED AS ADDITIONAL INSURED AND/OR LOSS PAYEE AS REQUIRED BY A SIGNED LEASE, CONTRACT OR OTHER WRITTEN AGREEMENT. THE ABOVE POLICIES INCLUDE AN AUTOMATIC WAIVER OF SUBROGATION AS REQUIRED BY A SIGNED LEASE, CONTRACT OR OTHER WRITTEN AGREEMENT.							
The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.							



DATE: July 1, 2012 and continuous until cancelled

FROM: Walgreens, its Affiliates, and Subsidiaries

TO: To Whom It May Concern

RE: LIABILITY SELF-INSURANCE

This letter is being provided in lieu of a certificate of insurance.

Walgreens and its subsidiaries maintains a comprehensive program of commercial insurance above significant self-insured retentions. Many of our signed contracts, leases, and/or other agreements allow us the option to meet our liability insurance requirements by self-insuring rather than purchasing insurance in the commercial insurance market. This allows us to invest our premium dollars, enhancing shareholder value, while maintaining the ability to respond to our financial obligations on our own rather than through an insurance company.

Our obligations to the business partners with whom we have contracted remain unchanged as if insurance is in place. Walgreens' Vendors, Clients, Customers, Owners, Landlords, Landlords Agent(s), Landlords Lender(s), Ground Lessor(s), and any other party who requires it, per the terms of a signed contract, lease, and/or agreement, are treated as Additional Insureds and when applicable, Loss Payee, as their interests may apply. A Waiver of Subrogation also applies, where applicable.

Walgreens will not issue individualized evidence of insurance. The information posted on our website meets our obligations to provide insurance information under the terms of our contracts.

PLEASE NOTE THAT THE TERMS OF OUR SIGNED CONTRACTS DETERMINE OUR FINANCIAL OBLIGATIONS TO COUNTERPARTIES WHETHER INSURANCE IS IN FORCE OR NOT.

Please forward this letter to any party that may require the information as part of a signed contract, lease, and/or agreement with Walgreens.

Sincerely,

**Walgreens
Insurance & Risk Management Department**